

Nevada Maternal and Child Health Issue Brief– Access to Prenatal Care

February 2009



Importance of pregnant women receiving prenatal care in the first trimester.

Background information:

The American Association of Obstetricians and Gynecologists (ACOG) provides evidence-based practice for pregnant women. Prenatal visits during the first trimester, which include clinical evaluation and treatment, are highly recommended. Dating the baby and identifying risk factors are important to achieve in an early visit. Singular risk factors such as illicit drug use, teen pregnancy, chronic medical health, being overweight, tobacco/substance use of mothers-to-be, and lack of prenatal care contribute to poor birth outcomes.

The majority of births in the United States occur among women in their 20's and 30's. And in turn, the majority of neonatal deaths occur to women in this age range. In 2002, more than half of all infant mortality and almost three quarters of all neonatal mortality in the United States occurred to infants born at a birth weight of under 1,500 grams. Education about and accessibility to prenatal care and life course perspective for women's health are recommended by the Maternal and Child Health Advisory Board.

Nevada data indicates the percentage of mothers who begin prenatal care in the first trimester is 69%, while the national average is 78%. When race and ethnicity are taken into account the percentage shows health disparity; 58% of Hispanic women and 62% of Black women began prenatal care in the first trimester. From 2005 to 2007, the number of births with no prenatal care or care not occurring until the second trimester increased. Nevada has 14% pre-term births annually (the national average is 13%).

Nevada Births 2005-2007

Trimester Prenatal Care Began	Birth Year		
	2005	2006*	2007*
No Care	1,657	1,806	2,086
First Trimester	25,032	25,196	26,080
Second Trimester	5,971	6,832	6,633
Third Trimester	1,375	1,546	1,061
Unknown	3,224	3,877	4,472
Total	37,259	39,257	40,332

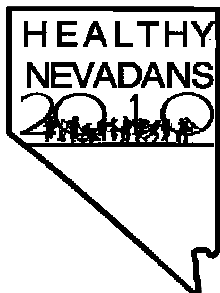
*counts not final and subject to change.

Problem Statement:

Thirty-five percent of Nevada's pregnant women received inadequate or no prenatal care in 2007, resulting in costly pregnancy complications and poor birth outcomes for many infants. There has been a downward trend in the number of Nevada women receiving prenatal care in the first trimester since 1995. Inadequate numbers of eligibility counselors are available to assist women getting emergency Medicaid in a timely manner. Teens are less likely to receive early care, a disturbing trend as they are also more likely to have Very Low Birth Weight infants who are at-risk for lifelong health complications.

Policy Recommendations:

1. Review of insurance/health coverage's enrollment and payment policies for prenatal care
2. Policy change for onsite eligibility determination for Medicaid/SCHIP
3. Increase number of prenatal care providers; pilot community health worker models
4. Implement the Pregnancy Risk Assessment & Monitoring System (PRAMS) in our state
5. Explore alternative models for prenatal care, such as group sessions, or Centering Pregnancy Programs for improved health outcomes and reduced cost of service delivery
6. Conduct social marketing campaigns on prenatal care and life course perspective for women's health
7. Outreach, identification, and education and awareness campaigns for teens



Contact information:

MCH Advisory Board, Chair:
Candy Hunter, RN
Dr. Koch
Dr. Matsunaga
Bonnie Sorenson, RN

Dr. Neyland neyland@med.unr.edu
c.hunter@mail.co.washoe.nv.us
mcfarrens@sbcglobal.net
kirganmatsunaga@aol.com
Sorenson@snhdmail.org

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